

SUBMIT: COMPLETED APPLICATION, TAX
ATTLEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
MAY 24 2017

Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

Permit #:	17-0195
Date:	6-2-17
Amount Paid:	\$175 5-24-17 CASH
Refund:	

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		James Venes				Mailing Address:		City/State/Zip:	Telephone:
Address of Property:		19900 Pioneer Rd				City/State/Zip:		Cable, WI 54821	Cell Phone: 414-502-4139
Contractor:		Cleary Building Corp				Contractor Phone:		608-845-9700	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (Include City/State/Zip):			
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID # (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document # 878 R. 951	
NE 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
								Lot(s) No.	
								Block(s) No.	
								Subdivision:	
Section 31, Township 44N, Range 6W								Town of: Grand View	
								Lot Size	
								Acreage 40	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	if yes—continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage	if yes—continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>25,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement <input type="checkbox"/> Foundation			<input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40'	Width: 27'	Height: 14' 8 1/2"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	(27 X 40)	1080
		Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance				
		Special Use: (explain) _____	(X)	
		Conditional Use: (explain) _____	(X)	
		Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

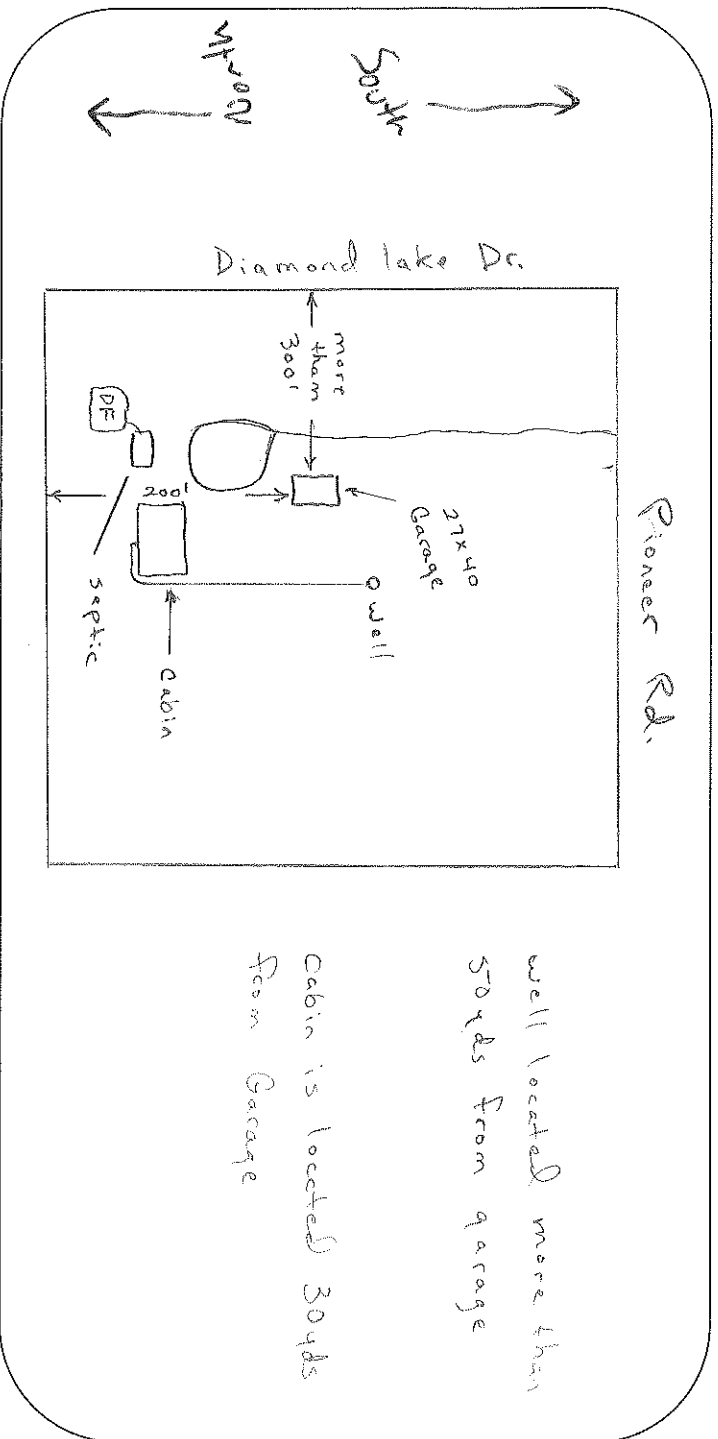
Address to send permit

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	425 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	322 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	625 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	630 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	950 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	425 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	7400 Feet	Setback to Well	more than 200 Feet
Setback to Drain Field	7400 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-095		Permit Date: 6-2-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Project location as represented by owner appears to be Code Compliant OK to issue LV. permit.		Zoning District (AZ) Lakes Classification ()		
Date of Inspection:		Inspected by: Robert Schirman		Date of Re-Inspection:
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Not to be used for Human habitation.				
Signature of Inspector:		Date of Approval: 5/5/2017		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0195** Issued To: **James & Ellen Veres**

Location: **NE** ¼ of **NE** ¼ Section **31** Township **44** N. Range **6** W. Town of **Grand View**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (27' x 40') = 1,080 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 2, 2017

Date

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
JUN 02 2017
Bayfield Co. Zoning Dept

Permit #:	17-08016
Date:	6-8-17
Amount Paid:	75 6-2-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER											
Owner's Name: Brian & Tam Kech			Mailing Address:			City/State/Zip:		Telephone: 715-748-2506			
Address of Property: 46105 Crystal Lake Rd.								Cell Phone: 715-413-1489			
Contractor: Brian Kech			Contractor Phone:			Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:			Agent Mailing Address (include City/State/Zip):			Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION: SE 1/4, SE 1/4		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits) 16918		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: V856 P 562					
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section 32, Township 44 N, Range 10 W		Town of: Grandview		Lot Size		Acreage 4.5 acres					
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes---continue <input checked="" type="checkbox"/> If Yes---continue		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		<input type="checkbox"/> If Yes---continue <input checked="" type="checkbox"/> If Yes---continue		Distance Structure is from Shoreline: feet							

Value at Time of Completion (include donated time & material)	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$9,000.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> X-Add	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X Sanitary (exists) Specify Type: <u>Septic Tank</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input checked="" type="checkbox"/> Pole Barn	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 45'	Width: 30'	Height: 15'
Proposed Construction:			

Rec'd for Issuance <input checked="" type="checkbox"/>	Proposed Structure		Dimensions	Square Footage
JUN 08 2017	<input type="checkbox"/> Principal Structure (first structure on property)		() X)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X)	
<input checked="" type="checkbox"/> Secretarial Staff	<input type="checkbox"/> with Loft		() X)	
	<input type="checkbox"/> with a Porch		() X)	
	<input type="checkbox"/> with (2 nd) Porch		() X)	
	<input type="checkbox"/> with a Deck		() X)	
	<input type="checkbox"/> with (2 nd) Deck		() X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X)	
	<input type="checkbox"/> Mobile Home (manufactured date)		() X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)		() X)	
	<input checked="" type="checkbox"/> Accessory Building (specify) Pole Barn		(36' x 45')	4,350 sq ft
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X)	
	<input type="checkbox"/> Special Use: (explain)		() X)	
	<input type="checkbox"/> Conditional Use: (explain)		() X)	
	<input type="checkbox"/> Other: (explain)		() X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable time for the purpose of inspection.

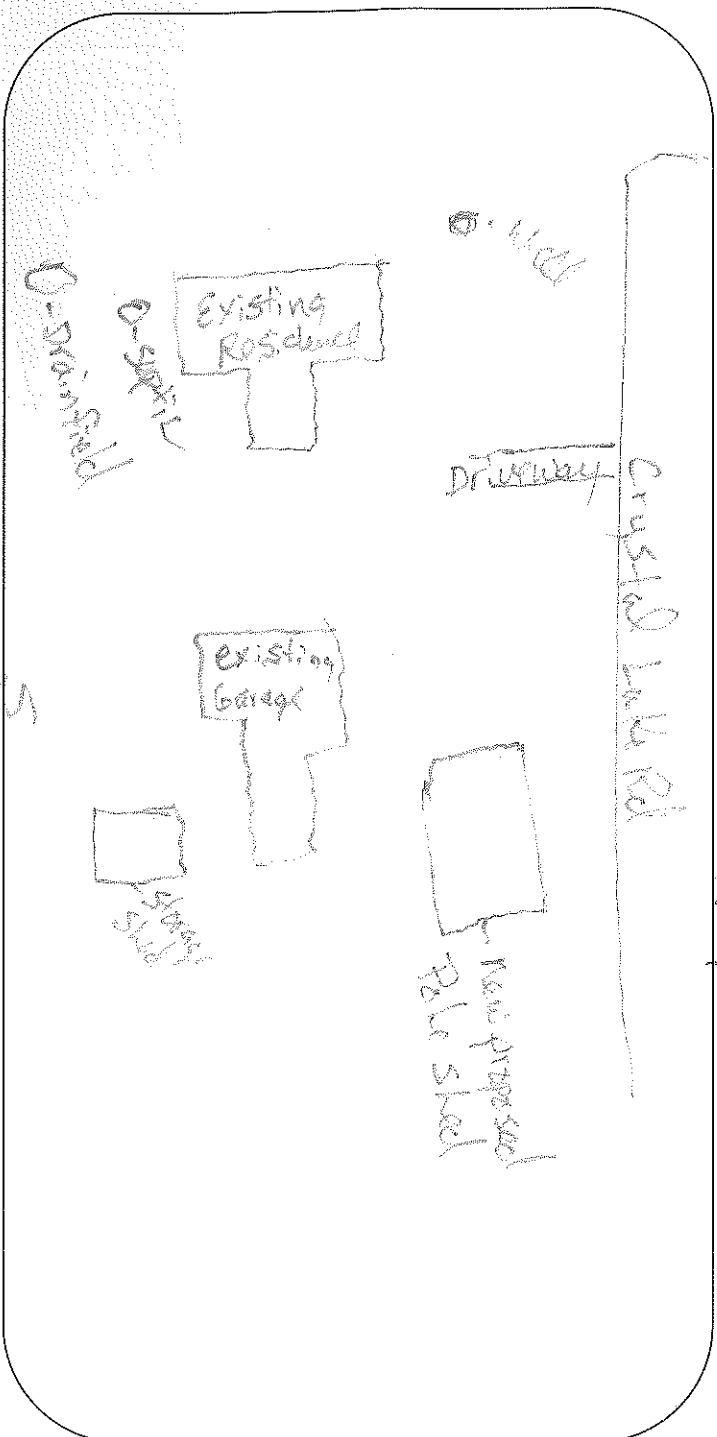
Owner(s): Brian Kech Tam Kech
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 5-30-17
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property

Address of what you are applying for

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	7/38 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	38 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	340 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	270 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	765 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	165 Feet	Setback to Well	750 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-08806		Permit Date: 6-8-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	NA	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	NA
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Project location well sketched. Project location appears to be in code compliance. (P2)							
Date of inspection: 6/5/2017 Inspected by: Robert Schuman Date of Re-inspection:							
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
Not to be used for human habitation.							
No water under pressure.							
Signature of Inspector: [Signature]				Date of Approval:			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0206** Issued To: **Brian Koch & Tami Jung**

Par in
Location: **SE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **32** Township **44** N. Range **6** W. Town of **Grand View**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Barn (30' x 45') = 1,350 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 8, 2017

Date